

Alcohol

YRBS Results
Lancaster County, NE

The Youth Risk Behavior Survey includes questions on drinking history, age at first use, current alcohol use, heavy drinking, drinking and driving, alcohol use prior to sex, and drinking on school property.

The survey specifies to students that drinking alcohol "includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey" and "does not include drinking a few sips of wine for religious purposes."

Overall Trends

Trends in reported alcohol consumption by Lancaster County teens were mixed during the 1990s. General indicators for drinking history and current consumption changed little from 1991 to 1999, but the percentage of teens reporting that they first drank at age 12 or younger declined (Figure 1).

In 1999, 79.8% of teens reported having ever drunk alcohol, other than a few sips, in their lifetime. This was not significantly higher than the 77.9% reported in 1991.

The percentage of teens who reported current drinking (drinking in the past 30 days) or episodic heavy drinking (five or more drinks in one sitting in the past 30 days) changed little over the decade. In 1999, 47.7% of teens reported drinking in the past 30 days and 32.6% reported heavy drinking in the past 30 days. Among those who drank in the past 30 days, 67.6% reported episodic heavy drinking.

A positive trend among indicators of alcohol consumption was the percentage of teens who reported having first drunk alcohol, other than a few sips, at

younger than 13 years of age. This percentage declined from 1991 (32.9%) to 1999 (26.0%).

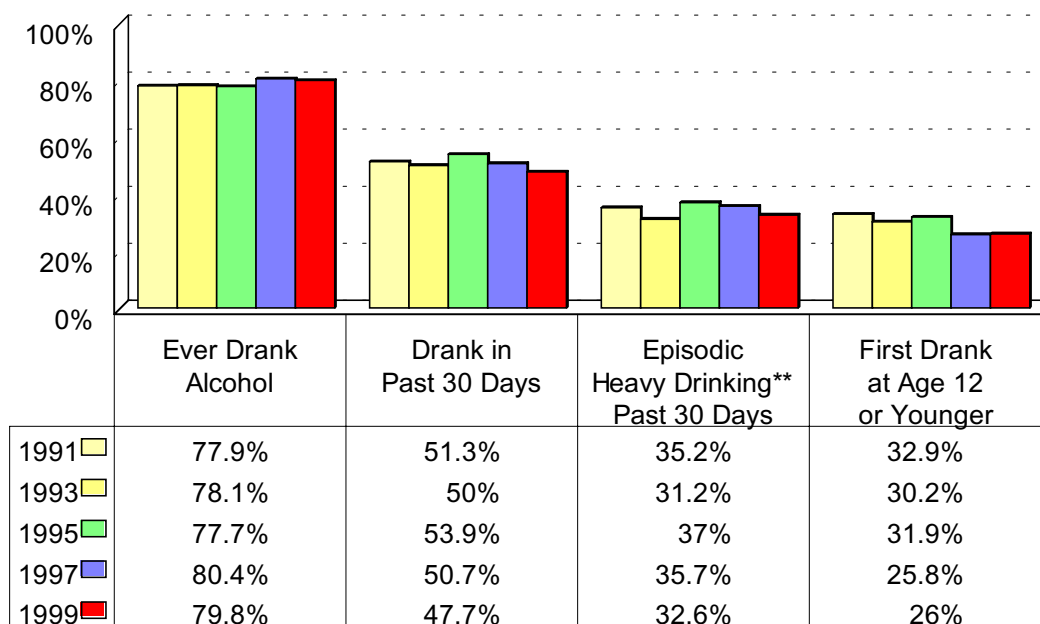
These trends in reported alcohol consumption generally held true among respondents of different grades, males as well as females, and white and non-white teens. See the following pages for detail.

Marginal local declines in alcohol consumption were consistent with YRBS data for Nebraska (1993 to 1997)¹. However, the U.S. YRBS (1991 to 1999)² reported no improvement or increases in current drinking and episodic heavy drinking.

1 Tables published by Buffalo Beach Company, Lincoln, NE

2 Centers for Disease Control and Prevention: Youth Risk Behavior Trends Fact Sheet, <<http://www.cdc.gov/nccdphp/dash/yrbs/trend.htm>>; *MMWR* Surveillance Summaries 1999, 1997, 1995, 1993.

Figure 1: Alcohol Consumption*
High School Students



** Five drinks at one sitting

*Grade Adjusted

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Drinking on School Property, Drinking and Driving, and Drinking and Sex

Reported teen drinking on school property declined from 1993 to 1999. There was no change in reports of drunk driving. Alcohol and drug use continue to be major influences on teen sexual activity in Lancaster County.

In 1999, 3.6% of teens reported drinking on school property during the past 30 days (**Fig. 2**). This represents a decline over the period since 1993, when 6.4% reported consumption on school property. In contrast, YRBS reports have shown increases in drinking on school property in Nebraska and the U.S. as a whole.

The percent of teens reporting that, in the past 30 days, they drove after drinking or rode in a car driven by someone who had been drinking changed little from 1991 to 1999 (**Fig. 3**). In 1999, 1 in 5 students (19.8%) reported that they drove after drinking and over one-third (37.1%) reported having ridden, during the past 30 days, in a car driven by someone who had been drinking.

Alcohol and drug use continue to be major influences on teen sexual activity in Lancaster County (**Fig. 4**). The percentage of teens (who have had sex) reporting alcohol and drug use prior to their last sexual encounter was higher in 1999 (28.9%) than it had been in previous survey years, although the increase from 1991 to 1999 was not statistically significant.

Figure 2: Alcohol Consumption On School Property*
High School Students, Reported During the Past 30 Days

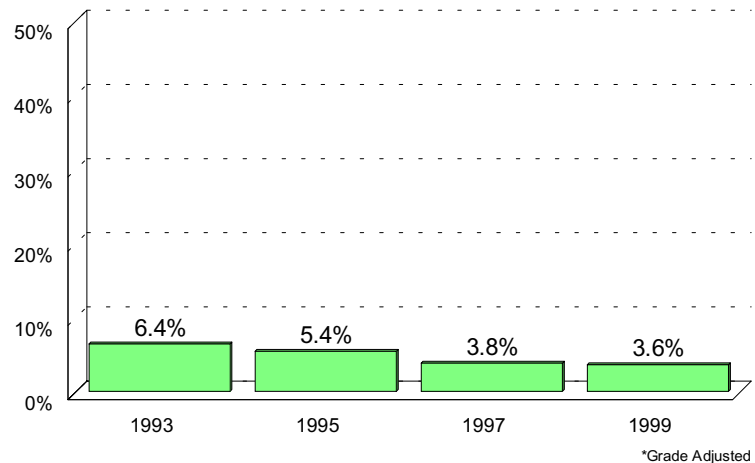


Figure 3: "Drunk Driving"*
High School Students Who Reported That During the Past 30 Days They Drove After Drinking and Rode With Someone Drinking

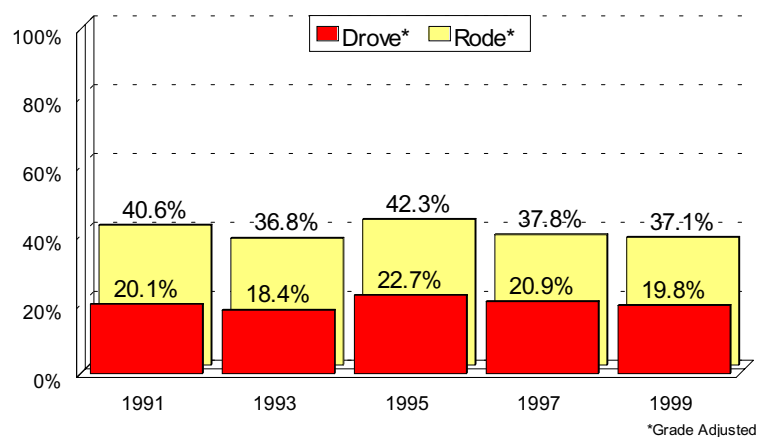
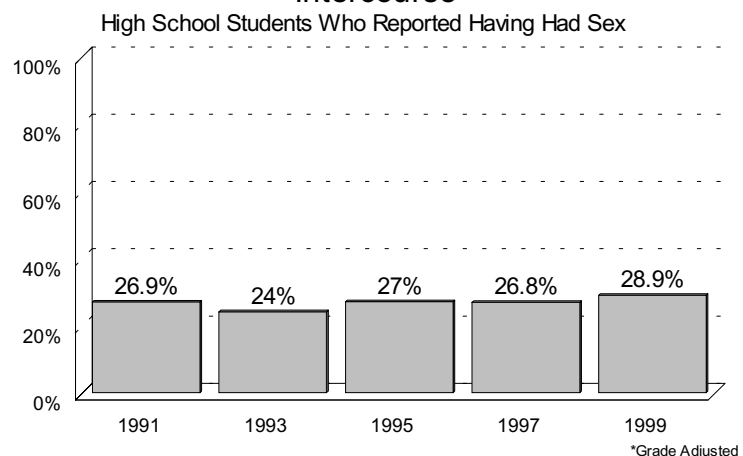


Figure 4: Alcohol or Drug Use Prior to Last Sexual Intercourse*
High School Students Who Reported Having Had Sex



Alcohol

Differences by Gender

During the 1990s, male and female teens have generally been equally likely to report alcohol consumption behaviors of concern. Exceptions include reports of first alcohol consumption before age 13, drinking and driving, and drinking on school property, all of which were more prevalent among males than among females.

With the exception of a decline in reported first consumption before age 13 by females, no other alcohol consumption indicators changed from 1991 to 1999 for either sex (Figs. 5 - 9).

A cross section of 1999 responses illustrates an apparent tendency for males to report alcohol consumption risk behaviors at slightly higher rates than females (**Fig. 5**). However, the only statistically significant gender gaps were higher male prevalence of reported alcohol consumption before age 13, drinking and driving, and drinking on school property.

From 1991 to 1999, little change occurred among male or female teens in reported alcohol consumption during their lifetimes or reported drinking during the past 30 days (**Fig. 6**). In 1999, 80.4% of females and 79.0% of males reported ever having drunk alcohol other than a few sips (and not for religious purposes) in their lifetimes. Nearly half of all teens, male (48.7%) and female (46.7%), reported having drunk alcohol within the past 30 days.

The percentage of teens who reported drinking five or more drinks in a row in one sitting during the past 30 days also changed little for both male and female teens during the 1990s (**Fig. 7**). Approximately one-third of both males and females reported this indicator of episodic heavy drinking in 1999.

Figure 5: Alcohol Consumption*
1999 High School Students

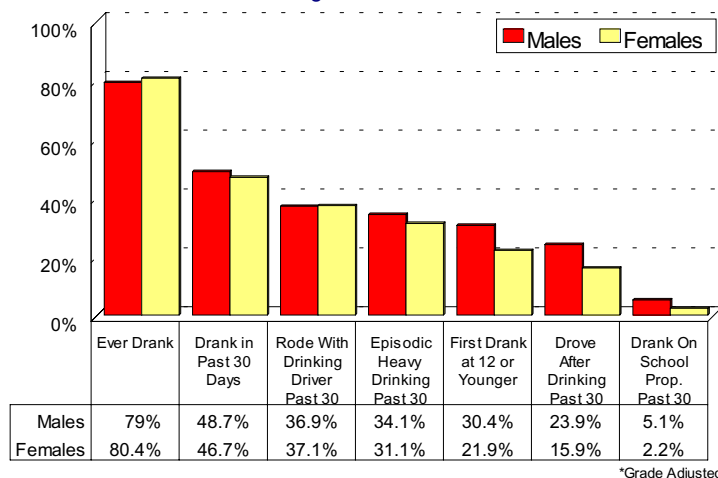


Figure 6: Ever/Recently Drank Alcohol*
High School Students

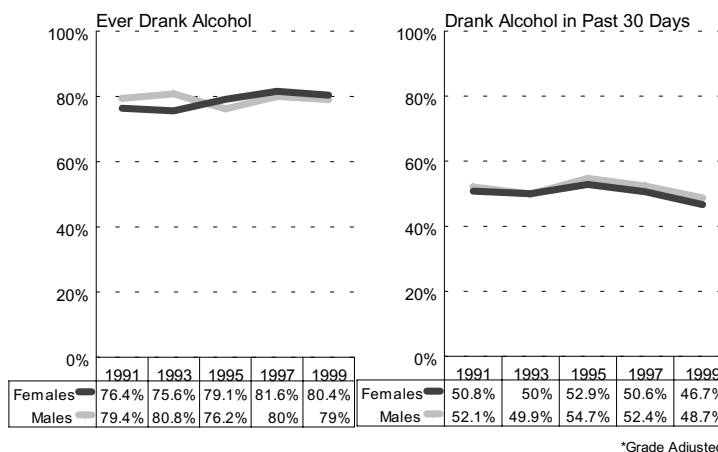
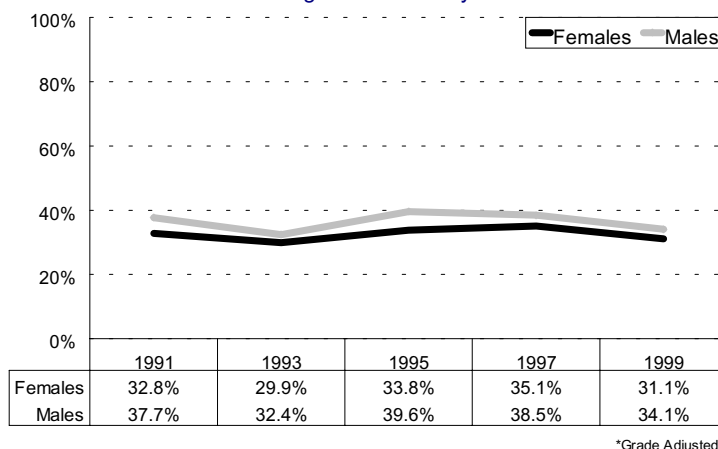


Figure 7: Episodic Heavy Drinking*
High School Students Who Reported Drinking 5+ Drinks In One Sitting
During the Past 30 Days



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Differences by Gender

Reported first alcohol consumption at age 12 or younger appears to have declined during the 1990s for both male and female teens (**Fig. 8**). However, only the decline among males -- from 38.2% to 30.4% -- was statistically significant.

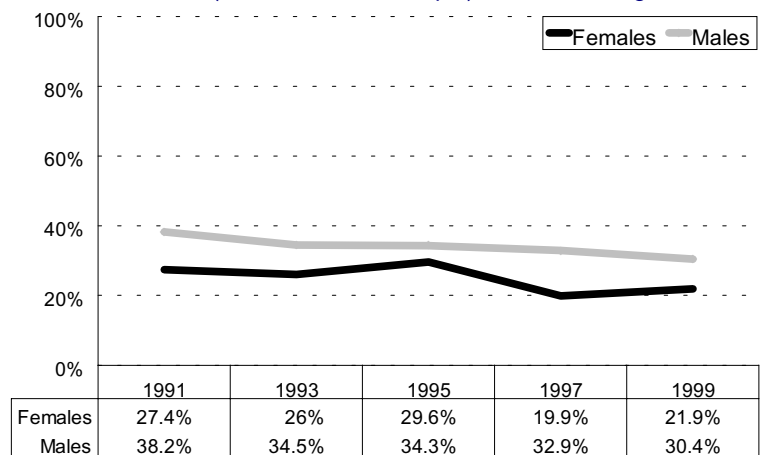
As at the beginning of the decade (1991), in 1999 males remained more likely (30.4%) than females (21.9%) to report first alcohol consumption at age 12 or younger.

In 1999, as in previous years, male and female teens were equally likely to report riding with a drinking driver, although over the 1990s males became more likely to report driving after drinking (Fig 9).

Male and female teens were similarly likely (both 37% in 1999) to report having ridden in the past 30 days with a driver who had been drinking. There was no statistically significant change in this indicator for either sex.

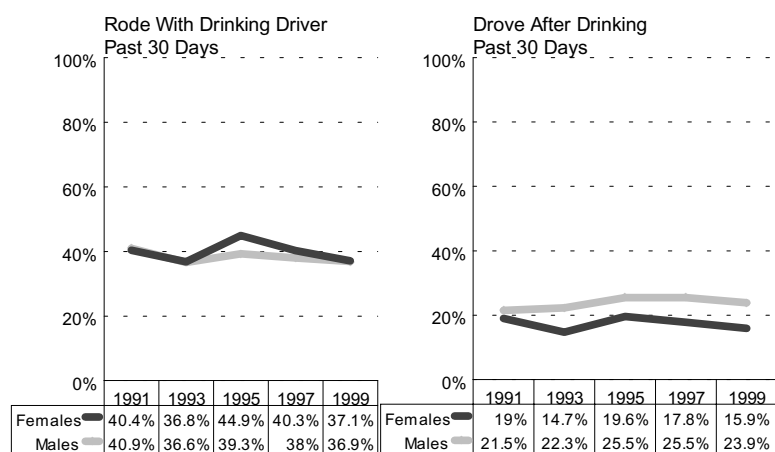
With respect to driving after drinking, a gender gap developed during the 1990s, with males becoming more likely (23.9% in 1999) than females (15.9% in 1999) to report having driven after drinking in the past 30 days.

Figure 8: First Alcohol Consumption*
High School Students Who Reported Their First Drink of Alcohol ("Other Than a Few Sips") at 12 or Younger



*Grade Adjusted

Figure 9: "Drunk Driving"*
High School Students



*Grade Adjusted

Alcohol

Differences by Grade

During the 1990s, teens in older grades were more likely than those in younger grades to report alcohol consumption. For all alcohol indicators, there was little discernible increase or decrease over time within individual grades (Figs. 10-13).

As with other risk behaviors, teens in older grades were considerably more likely to report alcohol consumption behaviors (Fig. 10). For example, in 1999, episodic heavy drinking (more than five drinks in one sitting) was reported by nearly twice as many 12th graders (39.9%) as 9th graders (22.4%).

The percentage of teens who reported ever drinking alcohol appeared to increase slightly among 9th and 10th graders from 1991 to 1999, but this increase was not statistically significant (Fig. 11). The percentage of teens who reported drinking or episodic heavy drinking in the past 30 days also changed little over the decade by individual grade (Figs. 12 and 13).

In 1999, as in earlier years, those in 11th and 12th grade have consistently been more likely (53.5%) than 9th and 10th graders (40.3%) to report that they drank in the past 30 days. Similarly, in 1999 11th and 12th graders were more likely (39.4%) than 9th and 10th graders (24.5%) to report that they engaged in episodic heavy drinking over the past 30 days.

During the 1990s, reported rates of drunk driving or riding with a drunk driver changed little by grade (as was true for teens as a whole - Fig. 1) and varied little from grade to grade.

Figure 10: Alcohol Consumption by Grade
1999 High School Students

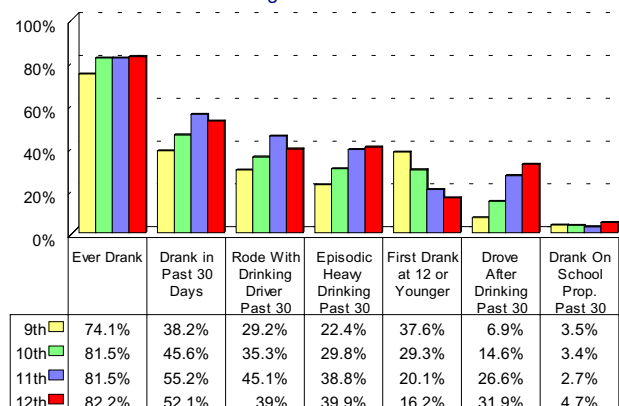


Figure 11: Ever Drank by Grade
High School Students Who Reported Ever Drinking Alcohol, other than a few sips, During Their Lifetime

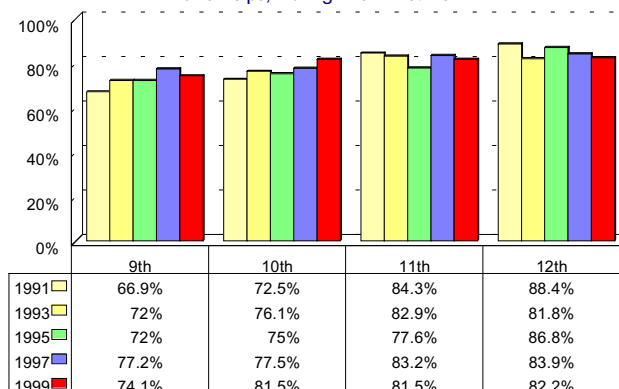


Figure 12: Alcohol Consumption by Grade
High School Students Who Reported Drinking Alcohol During the Past 30 Days

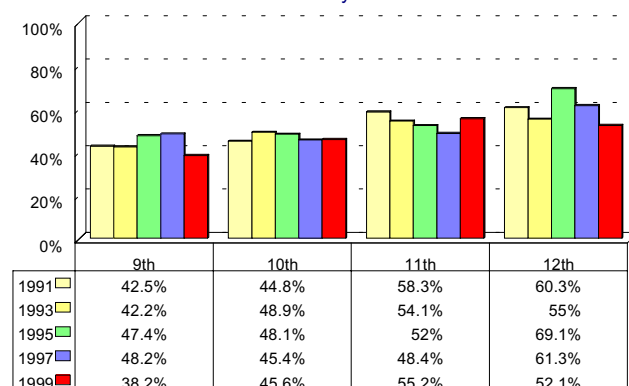
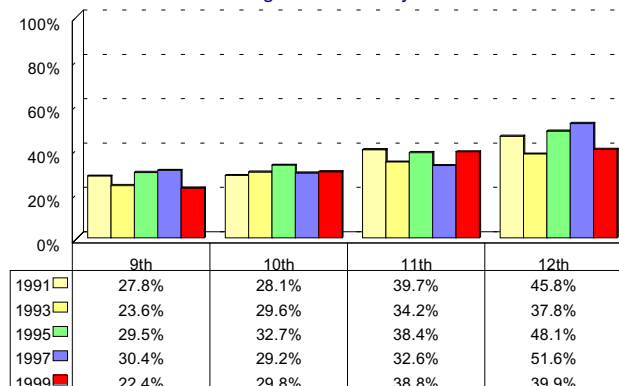


Figure 13: Episodic Heavy Drinking by Grade
High School Students Who Reported Drinking 5+ Drinks In One Sitting During the Past 30 Days



Differences by Race

In 1999, as in previous survey years, white and non-white teens reported similar rates of alcohol consumption, on most behavioral indicators.

YRBS sample sizes for major race/ethnic groups (Black, Hispanic, American Indian or Asian) were not large enough to reliably compare these groups or examine trends over time. However, selected comparisons were feasible between white teens and those who may be classified as “non-white” -- of minority race or Hispanic ethnicity.

A cross-section of alcohol use indicators reported by students in 1999 suggests that many of these behaviors were more prevalent among white teens than non-white teens (**Fig. 14**). However, only for reported episodic heavy drinking was the white rate significantly higher (a statistically significant difference) than the non-white rate. Non-white teens were more likely than white teens to report that they first drank alcohol before 13 years of age.

During the 1990s there was no white/non-white disparity or any increase/decrease among either group for reported lifetime alcohol use or alcohol use in the past 30 days (**Fig. 15**). Reported episodic heavy drinking was more prevalent among white than non-white teens at the beginning (1991) and end (1999) of the decade (**Fig. 16**). The percentage of teens reporting first drinking before age 13 was higher for non-white teens, and declined for white teens, from 32.9% in 1991 to 25.0% in 1999 (**Fig. 17**). White and non-white teens did not differ in reported drinking and driving behaviors.

Figure 14: Alcohol Consumption*
1999 High School Students

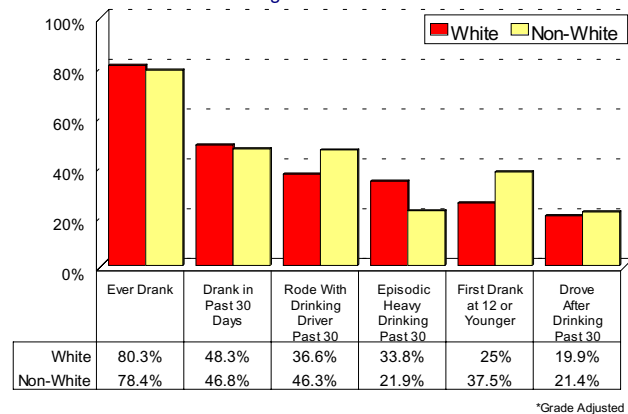


Figure 15: Ever/Recently Drank Alcohol*
High School Students

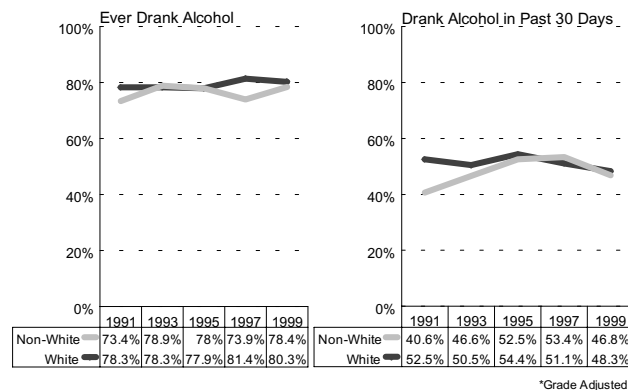
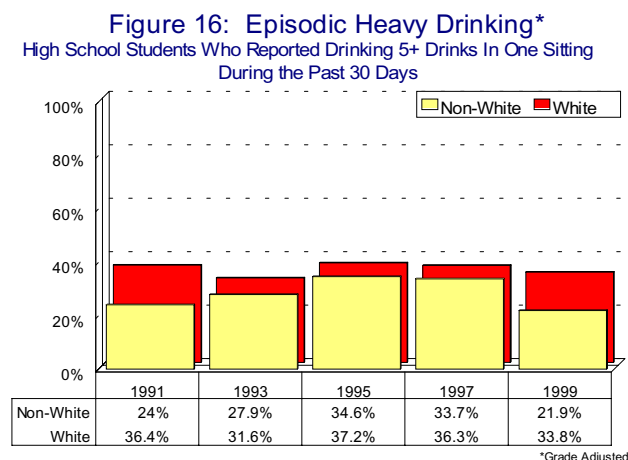
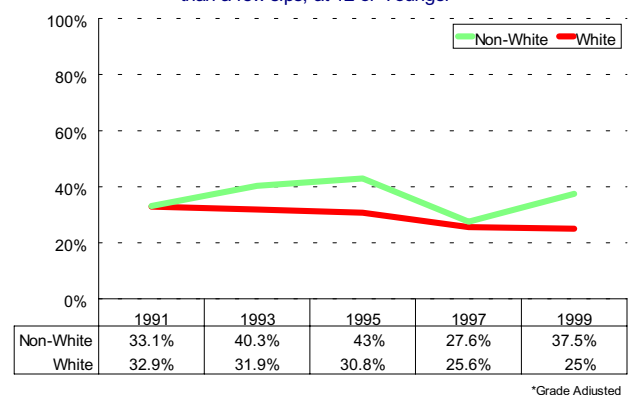


Figure 17: First Alcohol Consumption*
High School Students Who Reported First Consuming Alcohol, other than a few sips, at 12 or Younger



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Health Objectives for the Year 2010: Reduce death, injury and socio-economic consequences of alcohol and other drug abuse. Educate the public on the dangers of alcohol and other drug abuse.

Public Health Discussion

While alcohol abuse is one of the most important contributors to preventable morbidity (psysical and psychological injury) and mortality (death) in contemporary America, it is also one of the most difficult public health challenges. Evidence clearly demonstrates that alcohol abuse is associated with high risks of acute health problems such as serious injury associated with auto crashes, unplanned and unsafe sex, assault and aggressive behavior, and a broad spectrum of drinking-related social and psychological problems. Other leading causes of death and long-term disability for youth reported to involve alcohol are suicides, homicides, drownings, and recreational injuries.

Approximately one third of the deaths among persons aged 15 to 24 years are the result of motor vehicle related crashes. Among those who drive after drinking, the relative risk of being involved in a crash is greater for young persons at all blood alcohol concentrations than it is for older persons.¹ There are indications that those who drink at a young age are at higher risk of later addiction. Delaying the age of initiation into regular drinking may have beneficial effects in reducing rates of addiction to alcohol and other drugs.

Where and how adolescents obtain alcohol should be of great concern to parents, the community and policy makers. The alcohol for a youth's initial drinking is occasionally acquired from parent's supply in the home (with or without permission). More frequently, the alcohol is provided by older siblings or friends, typically at parties. Some parents provide alcohol to their underage children in exchange for agreements to consume the alcohol in their own home, rather than frequenting parties elsewhere or visiting bars and taverns. Older

adolescents are known to "break in" younger adolescents to drinking by encouraging them to become very intoxicated. Drinking at parties appears to be the result of easy availability, not premeditated efforts to find alcohol.

Examination of societal norms and parental attitudes toward underage drinking may be important steps in reducing adolescent drinking and driving. Parental attitudes toward alcohol and underage drinking vary greatly. Strategies that address the relative ease with which adolescents can purchase alcoholic beverages have been shown to be



"YRBS data supports the need for all of us — the community, the high schools, and the universities — to work collaboratively in order to reduce high-risk drinking at its true starting point."

Linda Major, Project Director
NU Directions, University of Nebraska - Lincoln

influential in reducing alcohol consumption and motor vehicle crashes. Policy measures that have been widely suggested include: Strict enforcement of laws prohibiting the use of alcohol by youth, strict regulation of alcohol advertising, promotion of educational programs for servers (bartenders, waiters, store clerks, etc), encouragement of alcohol-free youth parties, and a change in community practices that make alcoholic beverages easily accessible to underage youth.

Parental Roles and Responsibilities:

Role modeled parental behaviors toward alcohol and open discussions with their children are significant in youth perception and subsequent behaviors.

Parents need to explain the risks associated with alcohol to their adolescents. Provide information that is honest, accurate, and without exaggeration. The truth is sobering. Drinking and driving do not mix. The ramifications of participating in any alcohol related activities should be clearly explained for youth. Support recreational opportunities for youth that are alcohol free.

Community Roles and Responsibilities:

Support strict enforcement of laws governing the sale of alcohol to minors.

Refuse to be sympathetic to merchants who break laws, including any adults who aid or abet minors in procuring prohibited substances. Be a role model for teenagers. Encourage health education campaigns and programs that seek to educate not only the youth, but the adults and institutions of the community as well. Support responsible server programs. Encourage the development of recreational opportunities for youth in settings that are alcohol and drug free, but which engage their creativity and enhance the sense of self worth.

Policy Makers' Roles and Responsibilities:

Examine existing methods by which minors are able to procure alcohol and create strategies to make alcohol less accessible.

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| 1. Provide strict enforcement of laws governing the sale of alcohol to minors. | advertising is particularly appealing to minors. |
| 2. Revoke or suspend the license of merchants who sell alcohol to minors. | 5. Support and fund collaborative health education campaigns and programs for youth, adults and institutions of the community. |
| 3. Fund the development of recreational opportunities for youth in settings that are alcohol and drug free. | |
| 4. Provide stricter regulation in alcohol advertising, especially when that | |

References:

1. Lincoln-Lancaster County Health Department. "Healthy People 2010: Health Objectives for the Year 2010 for Lincoln and Lancaster County Nebraska." January 2000, D18-23